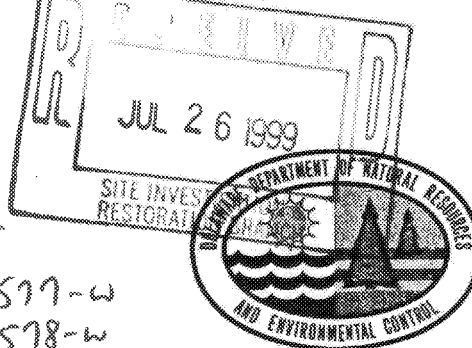


PERMIT
166575-W

2-166577-W
166578-W



SCANNED

Tax Map Number: **Ex. 9 Wells**

JUL 30 1999

1 of 5 page(s)

File # DE 287
02

Pursuant to provisions of Title 7, Delaware Code, Chapter 60, permission is hereby granted to:

**Wilmington Trust Co.-Trustee
c/o DNREC/SIRB, 391 Lukens Dr., New Castle, DE 19720**

to construct, operate, and maintain 3 Monitor well(s).

Construction must be completed on or before 07/19/00, one year from permit issuance date. Construction must be done by a person duly licensed by the Delaware DNREC for such activity.

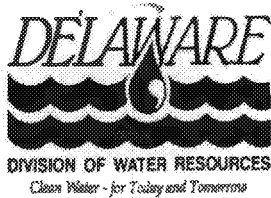
All current regulations governing well construction shall be followed.

All attached permit conditions shall be complied with.

The applicant is responsible for obtaining all additionally required permits and approvals.

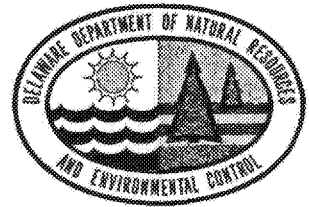

AUTHORIZED SIGNATURE

07/20/99
DATE



PERMIT
Ex. 9 Wells
Conditions

Ex. 9 Wells

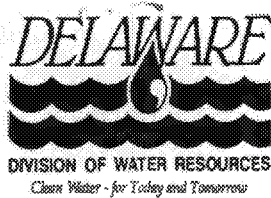


2 of 5 page(s).

Tax Map Number: **Ex. 9 Wells**

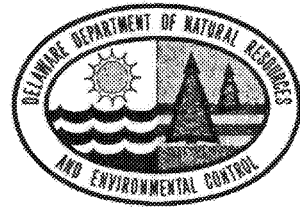
This Permit may be revoked upon violation of any of the following conditions:

- * The well shall be properly tagged in conformance with the "Regulations Governing the Construction and Use of Wells".
- * A well completion report shall be submitted to the Water Supply Section within 30 days of completion of well construction.
- * Representatives of the Division of Water Resources, Delaware Geological Survey and the U.S. Geological Survey may inspect such work at any time and may conduct tests, geophysical logging and sampling, as deemed necessary.
- * The interconnection of multiple aquifers is prohibited.
- * This permit and all conditions shall transfer to future owners of this property identified by Tax ID# **Ex. 9 Wells**
- * If identifiable contamination is observed during the drilling process, and the contamination was not anticipated or evaluated during the permit application and approval process, the well driller shall cease work and notify the Water Supply Section immediately by calling (302) 739-3665.
- * If identifiable contaminants are encountered during the drilling process the drilling and related apparatus shall be adequately decontaminated prior to the construction of the next well or mobilization from the site to prevent the transfer of contaminants.
- * This permit does not cover the structural stability of the project nor guarantee any specific quantity or quality of water.
- * Water taken from this well is not to be used for human consumption.



PERMIT
Ex. 9 Wells
Conditions

Ex. 9 Wells



3 of 5 page(s).

Tax Map Number: **Ex. 9 Wells**

This Permit may be revoked upon violation of any of the following conditions:

- * The well shall not be used for the processing or preparation of food for sale.
- * Water level measurements shall not be taken until the water levels in the well(s) have stabilized.
- * A minimum of 1 foot of bentonite plug shall be used as grout above the gravel pack. A 2 foot plug is recommended. Bentonite plug type grout is preferred in the saturated zone.
- * A cement and bentonite mix grout shall be used from the top of the bentonite plug to the ground surface. A ratio of from 3 to 5 pounds of bentonite per 94 pounds of cement and 6.5 gallons of water is recommended.
- * The gravel pack shall extend at least 1 foot above the well screen. Two feet is recommended.
- * The well(s) (shall be adequately; shall not be) chlorinated.
- * The well shall be equipped with a locking well cap to limit access to the well by unauthorized persons.
- * The well shall be used for the purpose of determining subsurface conditions, collecting ground water samples, and determining ground water levels only.
- * No monitor well shall be placed on highway travel lanes, on auxiliary travel lanes, or on roadway shoulders.

MAIL TO:

WATER SUPPLY SECTION
DIVISION OF WATER RESOURCES
89 KINGS HIGHWAY
DOVER, DELAWARE 19901
PHONE: 302-739-3665
FAX: 302-739-2296

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL

APPLICATION FOR A PERMIT TO CONSTRUCT
A MONITOR/OBSERVATION/RECOVERY WELL

APPLICATION MUST BE SUBMITTED
AND PERMIT RECEIVED BEFORE
DRILLING IS STARTED.

A COMPLETION REPORT AND/OR
ABANDONMENT REPORT MUST BE
FILED WITH THE WATER SUPPLY
SECTION WITHIN THIRTY (30) DAYS
AFTER CONSTRUCTION OF THIS
WELL.
PAGE 5 OF 5 PAGES

PLEASE PRINT OR TYPE - ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED

PERMIT NO.

Ex. 9 Wells

GENERAL INFORMATION		LOCATION INFO		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)																							
Property Owner <u>WILMINGTON TRUST CO - TRUSTEE</u>		County: <input type="checkbox"/> New Castle <input type="checkbox"/> Kent <input checked="" type="checkbox"/> Sussex																									
Address <u>90 DNREC/SIRB, 391 LICKENS DR</u>		Nearest Town <u>BLADES</u>																									
City <u>NEW CASTLE</u> State <u>DE</u> Zip <u>19720</u>		Address of Project Site <u>RT. 13A + RT. 490</u>																									
Telephone Number <u>395-2600</u>		Tax map parcel no. <u>1-32-115-16</u>																									
Application Preparer/WC: <u>WALTON CORP.</u> Lic# <u>52</u>		Please attach 1 copy (8.5" x 11") of a site map (scale at least 1" = 200') with proposed monitor well locations, and unit, field or area to be monitored clearly indicated. Include a North arrow, local landmarks, buildings, existing wells, proposed local ID numbers, and a location map showing a minimum of two county or state roads. Please include property size and distance from well(s) to property lines.																									
Consulting Firm/Supervising Geologist (if applicable) <u>DNREC / LARRY JONES</u>		Purpose of proposed project and monitored analytes (i.e. Hydrocarbons, priority pollutants, RCRA Appendix IX, etc.) <u>TAL, TCL</u>																									
Telephone Number <u>395-2600</u>		Expected frequency of sampling or reading <u>ANNUALLY</u>																									
Estimated Construction Date <u>7/20/99</u>		Please note: Up to 10 wells may be applied for on a single form if located on the same tax map parcel, and construction details are identical.																									
Program: <input type="checkbox"/> Hazardous Waste <input type="checkbox"/> CERCLA <input type="checkbox"/> Solid Waste <input type="checkbox"/> UST <input type="checkbox"/> Land Treatment (Non-Hazardous) <input type="checkbox"/> On-Site Septic <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Wetlands		List local ID numbers below for each well:																									
Site name/State Permit # (if applicable) <u>PENINSULA PLATING</u>		<table border="1"> <thead> <tr> <th>LOCAL ID NO.</th> <th>PERMIT NO.</th> </tr> </thead> <tbody> <tr> <td>1. <u>MW-1</u></td> <td><u>166575-W</u></td> </tr> <tr> <td>2. <u>MW-2</u></td> <td><u>166577-W</u></td> </tr> <tr> <td>3. <u>MW-3</u></td> <td><u>166578-W</u></td> </tr> <tr> <td>4.</td> <td></td> </tr> <tr> <td>5.</td> <td></td> </tr> <tr> <td>6.</td> <td></td> </tr> <tr> <td>7.</td> <td></td> </tr> <tr> <td>8.</td> <td></td> </tr> <tr> <td>9.</td> <td></td> </tr> <tr> <td>10.</td> <td></td> </tr> </tbody> </table>				LOCAL ID NO.	PERMIT NO.	1. <u>MW-1</u>	<u>166575-W</u>	2. <u>MW-2</u>	<u>166577-W</u>	3. <u>MW-3</u>	<u>166578-W</u>	4.		5.		6.		7.		8.		9.		10.	
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9.																											
10.																											
Name of DNREC Contact Person (if any) <u>LARRY JONES</u>		COMMENTS:																									
Is this a replacement well? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																											
Replacement reason _____																											
PROPOSED WELL CONSTRUCTION																											
Proposed Drilling Method <u>HSA</u>																											
Approximate total depth <u>30</u>																											
Approximate depth to water table <u>15</u>																											
Type of well(s): <input checked="" type="checkbox"/> Monitor <input type="checkbox"/> Observation <input type="checkbox"/> Recovery																											
Desired capacity in GPM: <u>NA</u> (for recovery only)																											
Casing top		Inner Casing	Outer Casing																								
Casing bottom		<u>20</u>																									
Casing diameter		<u>2ID</u>																									
Casing material		<u>PVC</u>																									
Tentative screen setting: From <u>20</u> (top) To <u>30</u>																											
Tentative screen length <u>10</u> Material <u>PVC</u>																											
Type of Grout <u>CEMENT</u> From <u>1</u> (top) To <u>16</u>																											
Bentonite/Clay Plug: From <u>16</u> (top) To <u>18</u>																											
Gravel pack interval: From <u>18</u> To <u>30</u>																											
Type of casing coupling <u>(threaded, flared, etc.)</u>																											
Aquifer/Formation screened in _____																											

COMMENTS:

I HEREBY AFFIRM THE INFORMATION I HAVE SUBMITTED IS ACCURATE AND CORRECT.

Signature - Application Preparer /WC

License#

Date

Signature - Property Owner

Date

I also request that the contractor's copy of the permit and the well tag be released to the well contractor

☒ YES ☐ NO

Application Received

Amount

Date

Received By

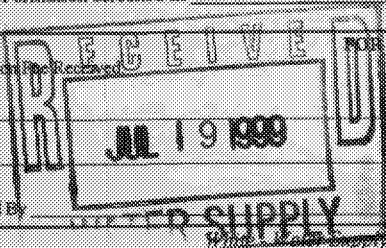
FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE

Modified Grid

Formation

Drainage Basin

Aquifer



White - Water Supply • Canary - Work • Pink - Owner • Goldenrod - Contractor

Doc No. 40-08-95-01-01

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